

Aortic Dissection Mimicking ST Elevation Myocardial Infarction

Disseção Aórtica Simulando Enfarte Agudo do Miocárdio com Elevação do Segmento ST



Ricardo Costa RODRIGUES¹, Nuno SANTOS¹, Décio PEREIRA¹
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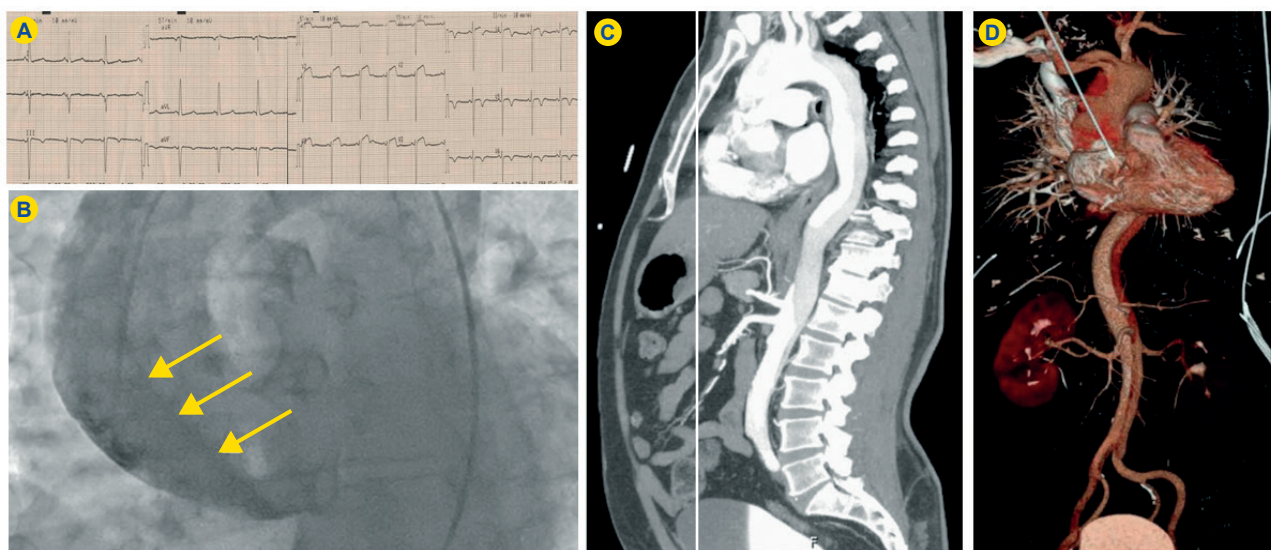


Figure 1 - Admission eletrocardiogram showing 1 mm ST elevation in V1-V2 and T wave inversion in V5-V6 (A); Aortic angiogram revealing an aortic flap (B, arrows); Thoracic and abdominal angio-CT scan confirming type A aortic dissection (C); 3D reconstruction of thoracic and abdominal angio-CT scan (D).

A 54 years old male, obese and smoker, presented to emergency department with thoracic pain lasting for 1 hour. Admission electrocardiogram showed 1 mm ST elevation in V1-V2 and V5-V6 T wave inversion, highly suspicious for ST elevation myocardial infarction (STEMI) (Fig. 1A). Due to persisting pain he was taken to cardiac catheterization laboratory for primary coronary intervention. Attempt to engage both ostia were unsuccessful and aortography revealed an aortic flap (Fig. 1B, arrows) with the catheter in

the false lumen and no ostia originating from it. Thoracic and abdominal angio-CT scan confirmed type A aortic dissection extending to abdominal aorta and right iliac artery (Figs 1C, 1D).

Acute type A aortic dissection can be difficult to diagnose and can mimic STEMI.¹ Although right coronary artery is more often involved when myocardial infarction is present, this diagnosis has to be considered when difficulty is present in selective catheterization of either ostia.²

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1. Cardiology Service. Hospital Dr. Nélio Mendonça. Funchal. Portugal.

✉ Autor correspondente: Ricardo Manuel Costa Rodrigues. ricardomcr@gmail.com

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